



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES TUESDAY, October 18, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Howard, R.N., LuAnn – Scripps La Jolla BHNC
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

Guests Present

Almarshad, Adel - UCSD
Bourdon, R.N., Darlene – Scripps Mercy
Dayan, Jessica – Rady Children's Hospital/UCSD
DeMers, Gerard – UCSD
Dotson, R.N., Melody – UCSD BHNC
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD

Associate Members

Allington, Linda – Carlsbad Fire
Carrow, Robert – Mercy Air
Connover, William K. – Camp Pendleton Fire
Davis, M.D., Dan – UCSD/Mercy Air
Forman, Kelly – Mercy Air
Frederick, William – San Marcos Fire
Graham, Dan – SDCAA
Hudnet, Carlen – Rural Metro Ambulance
Klingensmith, Todd – S.D. Co. Paramedics Assoc.
Lemir, Harold – S.D. Fire Department
Lindsey, Matt – No. Co. Fire Protection Dist.
Maloney, M. Ryan - AMR
Murphy, Mary – CSA-17 Fire Department
Seabloom, Lynne – Oceanside Fire
Sheppard, Stephen R. – Julian Fire EMS
Silva, Don - AMR
Vogt, Rick – Escondido/San Marcos Fire

County Staff

Buttron, Patrick – EMS
Pate, R.N., Rebecca – EMS
Smith, Alan - EMS

Kelly, Kevin – Alvarado/Paradise Valley Hospital **Recorder**
Lim, Sung – Naval Medical Center
Miller, M.D., Alexander – NMCS D Wolchko, Janet I.
Ninberg, Lori – Rady Children’s Hospital
Parra, Frank – S.D. Co. CPAC for Jim Marugg
Quinn, R.N., Michele – Rady Children’s Hospital Liaison
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr. BHNC
Smith, Dennis – Scripps Mercy

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Bill Linnik, M. D., called the meeting to order at 11:04 a.m. for Dr. Reilly.

II. APPROVAL OF MINUTES

A motion was made by Dr. Madati, seconded by Linda Rosenberg, R.N. to approve the minutes of July 19, 2011 as submitted. Motion carried.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

A number of state regulations are in development or out for comment. The paramedic regulations have changes moving scope items from optional to basic. There are Advanced Practice Paramedic and Critical Care Paramedic categories that would each require 120 hours of additional training. There is some controversy about training for transport role, and especially the scope of practice for the Advanced Practice. Comments are due October 24, 2011.

The state is discussing additional regulatory packages. One of the regulations will be for pediatric care under the Emergency Medical Services for Children program. Two others are stroke and STEMI receiving center designation. Most counties have similar programs already. Regulations would require reviews, designation and there would be less local flexibility.

The County conducts epidemiologic monitoring on diseases, including influenza. The CDC recommends revaccination for influenza this year even though it is the same flu vaccine as last year. Dr. Haynes recommends strongly that all providers receive the vaccine to prevent illness, especially to avoid infection of patients.

Dr. Haynes presented data by month on the number of ALS transported patients by hospital, number of ALS patients who bypassed the requested hospital, number of instances on bypass, total bypass hours by hospital and percent of ALS patients who bypassed the requested hospital.

The FDA is reviewing Ondansetron (Zofran) and a handful of cases of prolonged QT interval following administration, especially with other drugs. The manufacturer has been required to study prolonged QT interval related to Ondansetron administration and report by the summer of 2012. Local use options were discussed. EMS will generate a letter to notify field

personnel about the issues. Alexander Miller, M.D. added that when he was at UCSD in toxicology, they did not see torsades coming from drugs that cause QT interval prolongation unless there was an underlying cause.

On December 12, 2011 there will be a Tale of our Cities Conference. Speakers will include experts from around the world in areas that have had to face terrorist bombing incidents. Registration for the conference will be open soon.

November 17, 2011, is the Statewide Medical Health Exercise that has a scenario of a contaminated water supply.

The Overcrowding Summit is on October 27, 2011 and registration is recommended.

EMS is working in cooperation with the Beacon Project on prehospital records. There will be updates as the process progresses.

Revisions to the Capacity Plan are being reviewed. The meeting to consider changes in the document will be in the near future.

A concern was voiced regarding the IM dose of Versed with patients remaining sleepy with decreased respiration rates in the ED's. Comments on the issue from the BSPC included:

- Clinical practice and use of versed rate/time is not the same in the field as in the hospital. Prehospital personnel do not have the reversal agent and have to maintain airway control.
- Survey the physicians on the dosage.
- Patients are retained in the ED's because they are too sedated to be discharged.
- Patients that remain sleepy with decreased respiration rates could also be due to alcohol and drugs.
- Review the total amounts of Versed given since July when the protocol was changed to see which patients were problematic, the combative patients or the seizure patients.

Blackout debriefings have been held with EMS MOC, County EOC and the community. Generator failures that may have been due to testing, fuel changes and failure of generator automatic systems were reported. Electricity for home oxygen generators, ventilators and nebulizers was a concern that caused a number of admissions to the ED; there was also a patient discharge problem because there was no power in the area. Power stations and/or shelters were suggested due to the influx of patients at the hospitals in need of electricity. There will be further information and discussion when reports are completed.

Barbara Stepanski has completed studies on the STEMI system from the first quarter of 2011. The number of STEMI activations has gone up and the number of false positives has risen since the second quarter of 2010. Door-to-balloon time definition has been changed to door-to-device. Changing the definition to door-to-device time will keep it consistent with national guidelines.

There were a total of 4,935 stroke cases in 2010, 69 percent of the stroke cases were ischemic. Barbara will have a complete presentation with slides at the next meeting.

Alan Smith, Trauma Epidemiologist with the County, presented a report on San Diego Trauma System Activity for 2010. The community rate of trauma patients is stable, but falls have replaced motor vehicle injuries as the most common mechanism, especially in those over 45 years of age.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Fliers were made available for the Overcrowding Summit and Tale of our Cities Conferences.

HPP10 deliverables mentioned at the SDHDC meeting include chemical resistant suits and updating laptops. Guidelines are being developed for replacing and/or retiring old equipment. Hospitals are required to have their Pediatric Surge Plan for 2012.

Upcoming Drills include:

- October 20, 2011, is the Great American Shakeout earthquake drill.
- November 17, 2011, is the Statewide Medical Health Exercise which will have a disruption in the water supply scenario.
- November 12-20, 2011, is the Americas Cup Regatta on San Diego Bay.

V. ROC UPDATE (Dan Davis, M.D.)

Dr. Davis reported on the ROC amiodarone, lidocaine and placebo study (ALPS) that will look at ventricular fibrillation and tachycardia patients. It is anticipated that the study will start in mid January 2012 and last for 3 to 5 years.

VI. ADVANCED RESUSCITATION TRAINING (ART) (Dan Davis, M.D.)

ART is designed for skills and team training. The content adapts to the training cycles that work best for the agency or hospital. The ART algorithm combines adults and pediatrics into a single resuscitative approach. It has the ability to look at emerging science and shifts the responsibility for the curriculum back to the institution.

The ART model will have participating agencies and institutions select individuals to become part of the Center for the Resuscitation Science and receive training. ART will provide an integrated curriculum to be delivered by the agencies which would incorporate adults, pediatrics, medical trauma, skills and teamwork training.

There was discussion regarding the requirement to take both the mandatory ACLS training and the ART training, the cost to the agency for both and if the hospital would be required to maintain the MICN certifications if they were to change to the ART program and therefore maintain both certificates. Dr. Davis reported that the program could be adopted as a pilot program with a grace period for the agencies to explore the program. ART trained MICNs would have to be ACLS certified initially, but do not have to maintain that certificate.

BSPC discussed adopting ART as a trial program and providing a more understanding of the curriculum.

County EMS will look at other counties that have adopted the ART program to see how it fits within the county structure. Dr. Haynes will take the suggestions back to the County.

VII. POLICY REVIEW (Rebecca Pate, R.N.)

Policy S-422, Application of Patient Restraints was reviewed. There were few changes. One suggestion was to review the issue on Page 3.C. of the policy that states “patient shall not be restrained in prone position.”

Research on excited delirium, causes and how it can be prevented were discussed. The findings in two “white papers” from ACEP and Nova Scotia were mentioned.

Agency training teaches to try and restrain the patient in the supine position, yet in some situations, the patient is put in prone position and monitored for their protection. A suggestion was to add the wording “avoid the prone position if possible” to the policy.

Dr. Haynes will look at the restraint issue and review the “avoid if possible” language. If it is decided to change the language as suggested, the policy will be sent on, if further discussion is required, the policy will be brought back to the committee.

VIII. ITEMS FOR FUTURE DISCUSSION

The website for Tale of our Cities will be distributed to the committee. Registration deadline is December 2, 2010

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be November 15, 2011, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:53 p.m.